

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div> | |

| | | | |
|---|-----------------------|--|---------------------------------------|
| Full Name of Payee Lilly Green | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014 | |
| Mailing Address 205 Medallion Circle | | Amount 20.00 | |
| City Shreveport | State LA | Zip Code 71119 | Transaction ID : 3d3cc417-a334-4719-b |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------|--|---------------------------------------|
| Full Name of Payee Lilly Green | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014 | |
| Mailing Address 205 Medallion Circle | | Amount 21.00 | |
| City Shreveport | State LA | Zip Code 71119 | Transaction ID : a52881e5-dd73-42d4-a |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 41.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 11 / 15 / 2014

Signature